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Final Report

Philippines: Re-emergence of vaccine preventable diseases

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal	Operation n° MDRPH032
Date of Issue: 29 May 2021	Glide number: EP-2019-000023-PHL
Operation start date: 12 February 2019	Operation end date: 31 December 2020
Host National Society: Philippine Red Cross	Operational Budget: CHF 657,524
N° of people affected: 109,442	N° of people assisted: 1.2 million N° of people reached: 777,120
Red Cross Red Crescent Movement partners currently actively involved in the operation: PRC is working with the International Federation of Red Cross and Red Crescent Societies (IFRC) in this operation. International Committee of Red Cross (ICRC) are also supporting PRC along with other in country PNS.	
Other partner organizations actively involved in the operation: Government agencies including the Department of Health (DOH), Department of Interior and Local Governments (DILG), Department of Public Works and Highways (DPWH), National Disaster Risk Reduction and Management Council (NDRRMC), Department of Social Welfare and Development (DSWD) and local government units are aiding affected households. International agencies such as WHO (World Health Organization) and UNICEF are also responding. OCHA, the Humanitarian Country Team and Health Cluster are also providing coordination.	

A. SITUATION ANALYSIS

6 February 2019: The DOH declared a measles outbreak in the National Capital Region (NCR) and Region 3 (Central Luzon). PRC escalated preparations at chapter and National HQ levels and started to mobilize community health volunteers for rapid assessment and disease surveillance.

7 February 2019: DOH announced that the measles outbreak had spread to more areas in Luzon and Visayas in CALABARZON, Region 6 (Western Visayas) and Region 7 (Central Visayas).

12 February 2019: IFRC launched CHF181,417 from its Disaster Relief Emergency Fund to support PRC plan of action.

6 March 2019: IFRC launched an [Emergency Appeal](#), seeking a total amount of CHF2 million for PRC to scale up its emergency response.

2 April 2019: IFRC [Emergency Plan of Action](#) was published.

10 May 2019: [Operations Update No. 1](#) was published.

6 September 2019: Revised [Emergency Plan of Action](#) and [Operations Update No. 2](#) were published.

13 November 2019: [Revised Emergency Appeal](#) was published, seeking a total amount of CHF2.7 million as part of an integrated approach to address the re-emergence of vaccine preventable diseases in the Philippines, namely measles and polio.

30 January 2020: [Revised Emergency Plan of Action 2](#) seeking an amount of CHF 657,524 and extending the timeframe for the measles outbreak plan of action until 31 December 2020 and [Operations Update No. 4](#) were published.

Description of the disaster

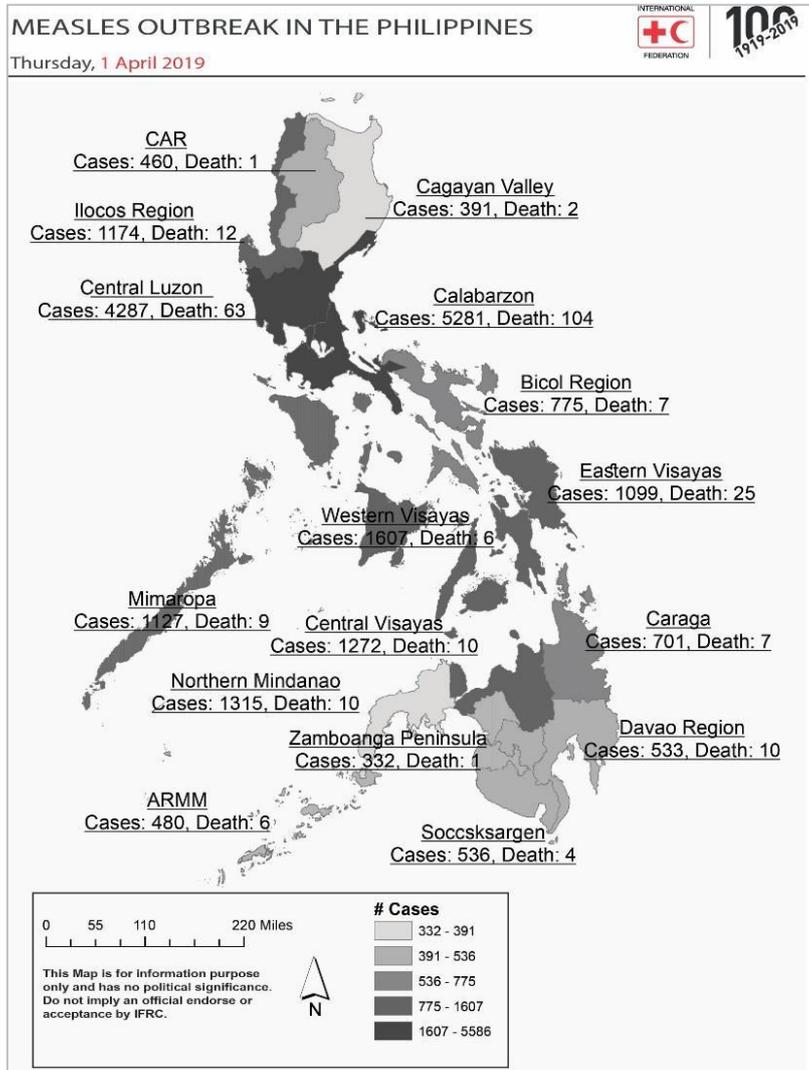
The number of measles cases has increased in the Philippines in recent years, with a dramatic increase in cases across the country in late 2018. On 7 February 2019, the Philippines' Department of Health (DOH) reported outbreaks of measles in five regions, namely the National Capital Region, Central Luzon (III), CALABARZON (IV-A), Western Visayas (VI) and Central Visayas (VII). In the following weeks, the outbreaks reached 17 regions.

Based on the DOH's Measles and Rubella Surveillance report and the WHO Epidemiological Overview 2020, between 1 January and 31 December 2019, a total of 47,871 cases of measles, including 632 deaths, were recorded, with a case fatality rate (CFR) of 2.6 per cent. Most cases were recorded in the first three months of 2019. For the year 2018, there had been 20,827 cases reported with 199 deaths.

Poor immunization coverage is broadly agreed by health specialists to be the root cause of the outbreaks. It is reported that fully immunized children for measles vaccine reduced over the last five years from 91 per cent to less than 40 per cent. The 2018 estimate is that 3.7 million children under five years old are still susceptible for measles infection.

To address the outbreak, the DOH mounted another round of supplemental immunization program, targeting 3.8 million children aged six months to 59 months. DOH issued guidelines for a nationwide measles vaccination, accompanied by Oral Polio Vaccine (OPV) and Vitamin A distribution, prioritising unvaccinated children between six to 59 months; school children from kindergarten to grade six; and adults who voluntarily wished to be vaccinated against measles.

The DOH's latest reporting showed the number of cases per week has now returned to below the number of the same period in 2018. This indicates that the epidemic is stabilizing from its most deadly phase. The main priority now should be supporting the government initiatives to ensure at least 95 per cent coverage of population via provision of measles containing vaccine (MCV) – be it Measles, Mumps and Rubella (MMR) or Measles and Rubella (MR) –, OPV and Vit. A (as proposed by the DOH).



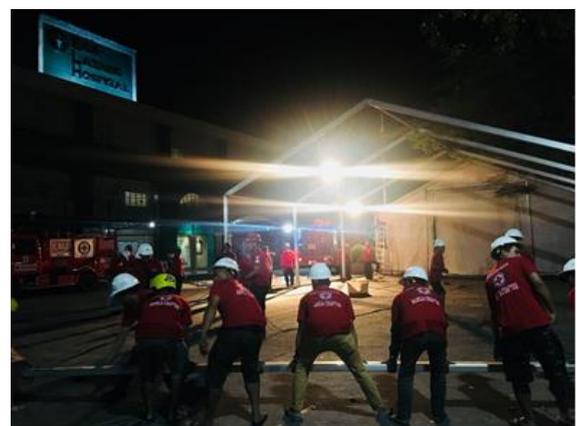
Cases of measles outbreak in the Philippines. (Source: PRC)

Summary of response

The PRC response was divided into three phases on this operation. PRC's Operations Centre collected and collated all data on measles cases and PRC's ongoing response and issued regular updates throughout the response. The PRC Health Service, through their chapters and trained volunteers, continued to scale up case monitoring and the response to affected communities on the ground. PRC coordinated with the DOH Epidemiology Bureau. To augment information sharing and support, PRC also engaged and coordinated with the NCR Infectious Diseases Cluster.

From 10 February to September 2019, PRC conducted the following response activities:

Measles Care Units (MCUs): established MCUs across six hospitals and treated 3,735 patients and supported their immediate family members.



PRC set-up the emergency hospital support centre in San Lazaro hospital, Manila - a referral facility for Infectious/ Communicable Diseases. This is to support the San Lazaro Hospital for the influx of measles' patients. Photo: Ma Theresa Baylon/IFRC

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Philippine Red Cross conducted community based measles control program thru outbreak response immunization



17,000 children vaccinated

Delivered key messages on measles prevention, measles warning signs, measles vaccination and caring practices thru its community health volunteers.

In 2018, the measles vaccination coverage in the Philippines was very low at 40%.



At the height of the measles outbreak, government hospitals are over burdened.



2

Vaccination: PRC teams with more than 2,000 volunteers vaccinated a total of 16,956 children, which was supported by 20 chapters across 21 cities and municipalities. Each vaccination team comprised of one doctor or senior nurse, three vaccinators (who were essentially practicing nurses), two recorders, two social mobilizer/health promoters and one person responsible for community mobilization and basic logistics. The doctor or the senior nurse was the team leader, who was responsible for quality of the vaccination, refusal management, waste management and ensured that the adverse effects were well explained to the recipients before the vaccination was administered. also responsible for overall quality and universal precaution compliance before, during and after the vaccination. The team was provided with a two-hour orientation at the chapter level, by PRC staff and health centre doctors, on conducting mass vaccination in an outbreak context.

Training: Training of Trainers (ToT) on epidemic control for volunteers (ECV) and the immunization compliance module was conducted twice during the project. The first was conducted on September 24-26, 2019 at the Quezon City Chapter, while the second was conducted at the Philippine Red Cross Logistics and Multipurpose Center. During the two trainings, 25 and 29 personnel were trained respectively, producing a total of 54 ECV trainers.

Accountability: Throughout the response, the PRC's Operations Centre (OpCen) collected and collated all data on measles cases and the response and published regular updates throughout the operation.

Phase 1 of the operation, which focused on setting up measles care units (MCUs), conducting direct vaccination, and WASH activities, ended in September 2019. Phase 2, which initially aimed to reach 200,000 children across 25 chapters with direct vaccination, was planned to start during the third quarter of 2019. This, however, did not occur as measles related activities were overtaken by a focus on polio activities, following the government's declaration of national polio outbreak on 19 September 2019.

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Philippine Red Cross Measles Outbreak Response 2019

Objectives
To prevent the further spread of Measles by employing interventions targeting vaccine hesitancy, increasing vaccine coverage, information dissemination, care and support.




Scope of Intervention



Decongest hospitals



Vaccinate the unvaccinated



Educate the community

Philippine Red Cross assisted 6 government hospitals thru its measles care units.



Catered 3,700 patients.



MEASLES CARE UNIT

Supported by: International Federation of Red Cross and Red Crescent Societies

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IEC materials developed and disseminated to the community by PRC. (Photo: PRC)

Furthermore, during this time, the PRC was responding to multiple concurrent emergencies, including disease related ([Dengue](#), [Polio](#) and [COVID-19](#)) and natural disasters ([Batanes Earthquake](#), [Mindanao Earthquake](#), [Typhoon Kammuri](#), [Typhoon Phanfone](#), [Taal Volcano](#)).

This project was subsequently revised to be classified within a broader "Re-emergence of vaccine preventable diseases" Emergency Appeal, which encompassed the response phase to measles and polio, enhanced vaccination coverage, and outbreak, epidemic and pandemic preparedness under a holistic integrated approach.

Overview of Red Cross Red Crescent Movement in-country

The PRC led the overall response operation. PRC worked with the IFRC, ICRC and seven Partner National Societies in-country: American Red Cross, the Canadian Red Cross Society, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, the Netherlands Red Cross and Spanish Red Cross.

The Netherlands Red Cross supported the appeal through remote data analysis. In Phase 1 of the emergency response, the focus was on analysis of health data collected during the outbreak, identifying trends, risk areas and visualization of the information. In Phase 2 of the operation, the support focused on analysing the field data collected by PRC for the vaccination campaign targeting.

Movement coordination

PRC maintained close coordination with in-country Movement partners and continued to provide updates. PRC has had several Movement coordination meetings to discuss the possible scenarios and corresponding plans of action with partners. The IFRC country delegation (CD) supported PRC in disseminating updates to Movement partners with in-country presence and coordinating with the Asia Pacific Regional Office (APRO) in Kuala Lumpur, Malaysia in accordance with the IFRC Secretariat's Emergency Response Framework. PRC and IFRC are coordinating with ICRC concerning the areas that are conflict sensitive in Mindanao and affected by the outbreaks.

Coordinating with the authorities

As an auxiliary to public authorities, the PRC maintained close relations with government agencies through its participation or collaboration with the DOH. Through the chapters, the PRC engaged with local health authorities at the provincial, municipal and barangay (village) levels.

DOH activated its incident command structures at regional level to facilitate coordination with local government units (LGUs) and health facilities. The DOH Health Emergency Management Bureau compiled commitments from partners who assumed responsibility for surveillance, particularly in geographic areas where they are normally active, to ensure that local data was available from a relatively large area. UNICEF and WHO continued to provide technical, financial and logistical support to DOH in planning, implementation and monitoring activities to respond to measles outbreaks. The NDRRMC convened the Response Cluster to which the member agencies committed their technical, logistical and human support to deal with the outbreaks. The NDRRMC coordinates, monitors and publishes regular status reports.

Coordinating with non-Red Cross Red Crescent actors

The PRC coordinated mainly with the UNICEF, Americares, the International Medical Corps (IMC), the USAID-funded Reach Health, IOM and WHO.

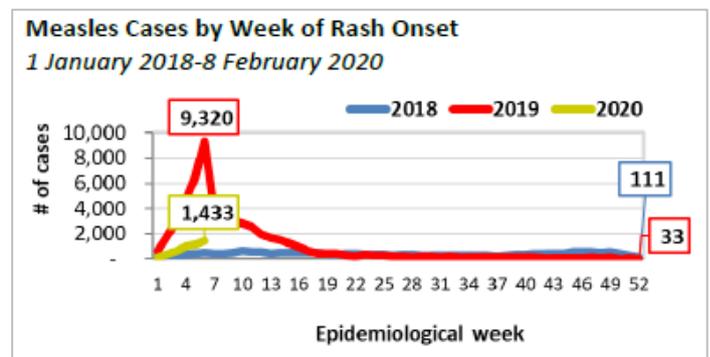
Inter-agency coordination

At country level, PRC and IFRC were observers to, and participated in, meetings of the Health Cluster Team (HCT) and Inter Cluster Coordination held both during disasters and non-emergency times. PRC and IFRC were involved in relevant government-led cluster information sharing, planning, and analysis at all levels while IFRC supported PRC coordination efforts through representation in other relevant clusters as required. PRC and IFRC also participated in surveillance meetings with entities such as the DOH and WHO.

The PRC and the IFRC worked closely with DOH, WHO and UNICEF to implement a conference on vaccine-preventable diseases in the Philippines entitled 'Answer to Outbreak Summit' which examined the root causes of the low coverage, the low efficacy of the vaccine and the role of the different partners in ensuring adequate individual resilience and collective immunity in the Philippines. The same forum also served as a platform to highlight lessons learned from the response to measles outbreaks and review plans to secure collective immunity and address the root causes of poor coverage and low effectiveness.

Needs analysis and scenario planning

Throughout 2019, a total of 47,871 cases of measles, including 632 deaths, were recorded. Based on DOH data, from January 1 to February 1, 2020, there had been 1,189 measles cases with 10 deaths recorded. The cases reported of measles for week 5 (MW 5) were 82 per cent lower than the same period in 2019 when, at its peak, the measles epidemic had recorded 6,513 cases. The weekly measles cases chart (as shown below) exhibits the overall trend in cases, indicating an overall trend in the increasing number of cases during the first three months of 2019, following on with a steady decline in the number of cases.



Source: WHO, Philippines Epidemiological Overview 2020, 24 February 2020

The age range of measles cases reported as of 14 February 2020 was less than one year to 78 years of age, with a median of four years. Of this total, 21 per cent were one to four years old while 31 per cent were less than one year old. For those who have died from measles, cases ranged from less than one year to 30 years old, with a median age of two years. Of this total, 50 per cent are between one and four years old. Both male and female are equally affected. Of those who died, 80 per cent had not been vaccinated, the rest have an unknown vaccination status (10 per cent) or unknown number of doses received (10 per cent).

When comparing the case fatality rate (CFR) for the same period (MW 1-5) in 2019 and 2020 and by regions, the decrease in measles cases, deaths and CFRs is notable with an overall CFR of 0.8 per cent for 2020 compared to 2.6 per cent for the same period in 2019, when the outbreak was at its peak. The development of outbreaks in several densely populated urban areas can promote the rapid spread of the disease. In addition, the risk is high in remote areas where public health services and immunization coverage are low.

The DOH requested support from the PRC to reach unvaccinated children. There are illegal urban settlements where children are not covered by the public health system because they are not registered. The PRC mobilized its large network of RC143 volunteers to support DOH vaccination. In addition, the six hospitals sent official letters to the PRC, requesting support with additional wards/units to support segregation, treatment and recovery of patients with active

measles. The DOH and the Epidemiological Bureau of the Philippines are turning to the PRC to help them with community-based information, as government data comes from hospitals, health centres and health stations and cases, which are not reported to health institutions remain unreported.

Consequently, catch-up campaigns for both supplementary immunization activities (SIA) and outbreak-related immunization (ORI) never reach these areas, compromising the vaccine safety net. The PRC targeted some of the densest urban poor areas. The PRC also targeted indigenous communities who were often left out of the safety net due to poor health seeking behavior, lack of follow-up and social mobilization. In the emergency phase, the PRC targeted these populations with vaccination services, undertook refusal management activities and ensured that in all communities where PRC undertook vaccination campaigns, at least 95 per cent of children between the age of 6 and 59 months are vaccinated against measles

Other associated illnesses: Many children have been reported to have died from complications from measles such as pneumonia, often due to late referrals. Malnutrition is another risk factor for complications, including death. Lack of nutrition is also one of the main factors for why some are more likely to develop complications from measles.

Low immunization rate: The Philippines has experienced a drop in the vaccination rate for the first dose of measles vaccine in several years: 80 per cent in 2008 to 70 per cent in 2017 and it continued to decrease in 2018. As a result, many children had become susceptible to measles. The WHO estimates that 3.7 million children under the age of five are unprotected against measles.

If routine immunization remains low in the Philippines, the country will continue to experience periodic measles outbreaks, which could become more lethal over time and put more pressure on the country's public health system.

Operation Risk Assessment

The following risks were identified in the planning for this operation:

Risk	Mitigation measures
Lack of vaccines	Coordinate with DOH, LGU's and UNICEF on the availability of vaccines to support the campaign.
High refusal	Build in refusal management mechanism as part of social mobilization strategy.
Vaccination takes longer than expected and case load continues to grow.	Scale up the response in terms of scope and time. Use the additional vaccines as ordered by the UNICEF and scale up PRC response capacity in relation to geography and most vulnerable areas.
Side effects to vaccinations	In most cases, the DOH vaccination teams will handle this. However, the PRC volunteers will be oriented on the side effects and be ready to identify the cases and refer them to the health institutions, if required. The vaccination team (if needed) will have orientation on adverse effect management as a part of pre-vaccination training given to parents/attendants and their consent is to be recorded prior to vaccination. Each team will have a doctor or a senior nurse, who can identify cases, where vaccination is not required or not to be administered and take immediate action, in case of an immediate adverse reaction.
Adverse effect of the vaccine (vaccine-associated paralysis or the OPV attenuated virus becoming neurovirulent and transmissible).	As part of the orientation the vaccinators and the health educators were informed about these including GBS etc. Though these are rare incidence but information and precautions at the vaccinators' level and informed vaccination save the team's reputation and moral and they tend to value lives of people, even more.
Cold Chain Failure	In this case the efficacy of the vaccine will reduce, and people will receive a false sense of security, which is dangerous. These kinds of cases/episodes should be immediately reported to the DOH and arranged for the next round of vaccination in the same area, at the earliest.
Large to catastrophic disaster in the country, multiple operations.	Apply country level contingency plans – including coordination with ICRC with regards the country level security framework.
Major political unrest and possibilities of armed conflict in one of more areas of the country.	As above

Please refer to the [EPoA](#) for information on needs analysis, risk analysis, changes made to the EPOA, information on targeting, multi-dimensional vulnerability indicators, scenario planning, where they are explained in detail.

B. OPERATIONAL STRATEGY

Overall objective

The overall objective of this Emergency Appeal Operation was to contribute to preventing and reducing morbidity and mortality resulting from the measles outbreaks in the Philippines.

Adopted strategy

The appeal covered the emergency phase of a planned longer-term programme. Phases 1 and 2 were covered under this emergency appeal for the first nine months from February to September 2019. There was also a Phase 3 that was focused on the longer-term issue of the low routine vaccination rates, which was incorporated into the IFRC Country Operational plan.

To achieve the overall objective, this operation was based on two distinct phases:

Phase 1:

The plan was to reach 6,000 people and their immediate family members with direct services in the MCU's and 60,000 children with direct vaccination. However, due to the available resources and accounting the DOH and other agencies responses, PRC target and activities were reduced.

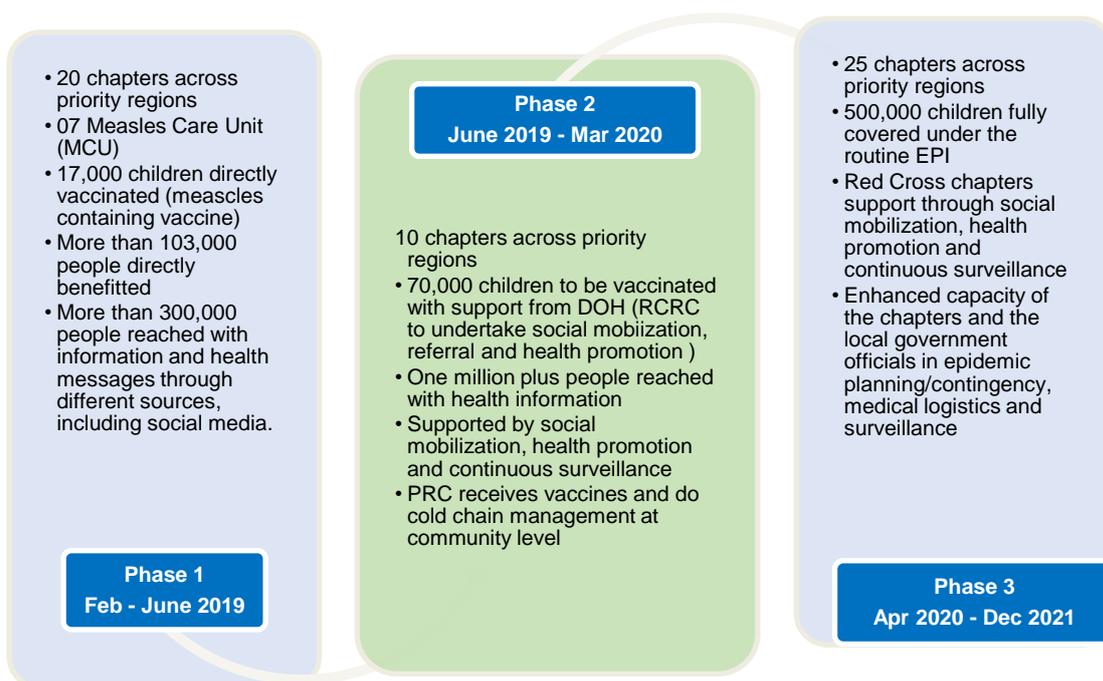
Phase 2:

The initial plan was to reach 200,000 children across 25 chapters, with direct vaccination. However, due to available resources and taking into consideration the DOH and other agencies responses the target and strategy were revised as follows:

- Through community based social mobilization in ten priority chapters, PRC aimed to reach up to 70,000 children and 280,000 of their immediate family members and siblings with information, referral and telemedicine services.
- PRC aimed to support 70,000 children, in the age group of six months to 59 months, to be vaccinated through the DOH's Expanded Program on Immunization (EPI).
- PRC planned to focus on remote areas and the dense urban slums where there are gaps in the public health system and a hesitancy existed towards vaccinations.
- The priority was to support the vaccination through the DOH's EPI; however, with PRC contingent on carry out direct vaccinations if needed.

Time frame:

The strategy was based on the implementation of three distinct phases are summarised in the diagram below:



The key strategies to achieve the overarching objective included:

- **Epidemiology:** PRC focused on active surveillance using the established network of trained volunteers that informed the Operation Centre and the local health network with a clear and detailed picture of the situation. Secondary data was explored to identify outbreak locations. Trained volunteers validated the locations and identified critical cases. They also ensured referral of cases to the nearest health facility. This supported early reporting and management of the critical cases and lowered mortality.
- **Measles Care Unit (MCU):** PRC set up fully equipped MCUs, at high intake hospitals with welfare desks, water and sanitation and volunteer nursing staff in collaboration with DOH and local government units to ensure quality services.
- **Vaccination campaign:** DOH requested RCRC support in vaccination efforts, as auxiliary to the government efforts, through mobilization of volunteer nurses, doctors, midwives to immunize children, especially in urban settlements and difficult to reach areas. This also involved social mobilization, vaccination through static and roving teams, reporting, health promotion, refusal management and referral of active cases to the nearest health facility. This strategy was supported by sub strategies such as (i) provision of hot meals on wheels for the children and their attendants who brought them to the vaccinators and (ii) public announcements on prevention of measles in the designated areas using roving PRC units.
- **Enhancing public education:** Actively disseminating timely and related information to ensure positive changes of behaviour towards measles immunization, early referral and management of measles, and updates on resources for health and health-related needs across levels.
- **Strengthening the capacity of the National Society** to respond to outbreaks by enhancing their capacity on surveillance, micro planning, social mobilization and validation and reporting of cases through the operations centre system.

The activities planned for Phase 2 were scheduled to continue until 30 June 2020. Phase 2, however, was delayed due to the prioritization (by the DOH with support from PRC) of the polio outbreak response in September 2019 and was not recommenced until 2020. On 14 January 2020, the PRC conducted an Online Technical Orientation on the measles and polio supplementary immunization activities (SIA) campaign for region 3 & 4A Chapters, Visayas and Metro Manila chapters. The meeting was attended by NCR, Region 3, Region 4A and all Visayas Region with planning for campaigns and their engagement in the mobilizations, IEC materials, visibility and mobilization guidelines in COVID-19 context were shared to all the chapters. Implementation began in February 2021.

Phase 3, with its focus of IFRC and PRC assessment of the longer-term issue of the low routine vaccination rates, was implemented from October 2020 to December 2021. Phase 3 as incorporated into the IFRC Country Operational plan, with the CD assisting with funding for this longer-term phase.

An elaboration of the above summary and operational revisions can be found in the Operational Update 12 Month report as well as information on commitments on quality programming, and operational support needs, where they are explained in detail.

C. DETAILED OPERATIONAL PLAN



Health

People reached: 1,900,000

Male: 950,000

Female: 950,000

Indicator:	Target	Actual
# of people reached to lessen immediate risks to health	90,600	103,455 ¹
# of people provided with support services as part of hospital support and welfare desk	18,000	18,675 ²
# of volunteers mobilized in the response phase, providing direct services to people through the measles care unit	400	273
# of volunteers and staff provided with PPE for protection from measles, while responding	1,900	2,048
# of people reached with community-based disease prevention and health promotion programming	1,000,000	916,000
# of volunteers mobilized to support measles prevention and management activities in the communities	1,500	2,048 ³
# of people reached with vaccination for measles	17,000	16,956
# of people reached through direct social mobilization campaign and social media coverage	1,000,000	1,948,890 ⁴
# of volunteers continuously monitor the outbreak situations and report back to the OpCen for immediate response	100	112 ⁵
# of people provided with psychosocial support	18,000	18,675 ⁶
# of volunteers mobilized for PSS	100	48

Narrative description of achievements

Phase 1 through the MCUs

Phase 1 was fully implemented by the PRC. Measles Care Units (MCUs), set-up in six hospitals, were able to cater to 3,735 patients. The operationalization of MCUs was completed in February 2019. Teams, composed of one volunteer nurse and three health volunteers, were assigned to each MCU to support the hospital staff in providing basic health care services to patients admitted to the MCUs. Each MCU had a staff team comprising at least four members per shift (morning and afternoon). 273 volunteers were mobilized to support the MCUs. See the breakdown for the operationalization of the MCUs in the table below.

Breakdown of operationalization of MCUs

No	Hospital	Location	Bed Capacity	Water Distributed (liters)	Portable Toilets	No. of Patients Catered	Operational Date	Closing Date
1	San Lazaro Hospital	Manila	50	10,000	4	2,636	13-Feb-19	08-Apr-19
2	Philippine General Hospital	Manila	10	5,000	4	12	16-Feb-19	27-Feb-19
3	Cainta Municipal Hospital	Cainta Rizal	20	-	2	123	16-Feb-19	24-May-19
4	Amang Rodriguez Memorial Medical Hospital	Marikina City	40	-	2	447	16-Feb-19	05-Jun-19
5	Quirino Memorial Medical Center	Quezon City	25	5,000	2	371	17-Feb-19	11-Jun-19

¹ Number of vaccinated, plus number of patients in MCUs including household members.

² 3,735 patients catered in six MCUs including household members.

³ Trained volunteer's vaccination campaign plus MCUs.

⁴ 1,948,890 people reached through social media post (Facebook)

⁵ Chapter Service Representative on health from 21 chapters who are actively engage in mobilization and monitoring of measles outbreak response.

⁶ The figure 18,675 includes 3,735 patients in the MCUs as well as members of their household' and/or attendants who also received psychological first aid

6	Rizal Provincial Hospital System Antipolo Annex 1	Antipolo Rizal	15	-	-	146	24-Feb-19	07-Jun-19
Total			160	20,000	14	3,735		

Community-based disease prevention and health promotion activities were to be implemented in two Phases as follows:

Phase 1: As part of the initial emergency phase, PRC supported the DOH's mass vaccination campaign and were able to vaccinate 16,956 children through 20 chapters across 21 cities and municipalities. At least 2,000 trained volunteers, including doctors and nurses, were mobilized. Trained volunteers were also mobilized to carry out health promotion activities. The main topics discussed during the dissemination of information included symptoms, prevention, and immediate action when a child has mild measles and/or complicated measles. The PRC printed 34,000 pieces of IEC materials for parents and guardians who had brought their children to vaccination, to raise awareness and inform the community of what to do when measles cases are identified.

In Phase 1, the project reached out to 16,956 children aged 6 months to 59 months and their 67,824 immediate family members with information and hot meals. There were 3,735 patients reached through the MCUs, with their 14,940 immediate attendants and family members with services such as treatment, counselling, hygiene materials, sanitation facilities and drinking water. This represented 103,455 people directly reached during the emergency response phase.

Phase 2: The PRC organized a workshop from 10 to 12 April 2019 in Manila to update and plan the response. A total of 66 people participated from 17 chapters of the PRC, namely in Batangas, Bulacan, Caloocan, Cebu, Iloilo, Laguna, Leyte, Manila, Marikina, Mindoro Oriental, Nueva Ecija, Pangasinan, Quezon City, Rizal, Tarlac, Western Samar and Zambales. Colleagues from regional DOH offices in Eastern Visayas, NCR, Region 4B, 7, 1, 4A, the Philippine League of Government and Private Midwives Inc, WHO, UNICEF, and universities also attended the workshop.

Through this workshop and subsequent planning, the PRC revised its strategy and objectives. The PRC identified ten chapters that implemented Phase 2 of the response: Bulacan, Olongapo, and Zambales in Central Luzon; Caloocan, Manila, Marikina and Quezon City in Metro Manila; Batangas and Rizal in South Luzon; and Cebu in Visayas.

The PRC set up its welfare desks with the deployment of the MCUs and was able to provide psychosocial support (PSS) services and other relevant welfare services such as referrals to concerned agencies (i.e. Department of Social Welfare and Development) to all 3,735 patients. Attendants and caregivers also directly benefited from the services provided by welfare desks.

In total, at least 12 trained volunteers were mobilized to carry out PSS activities. As part of the welfare support, hot meals were provided to children and accompanying adults who came for vaccination during the pilot vaccination in Baseco, Manila. These were supplied by the PRC's hot meals vans or by the chapters, cooking directly.

Overall: The number of people reached with community-based disease prevention and health promotion programming was 916,000 persons. This encompassed beneficiaries that were reached through the measles care units, as well as the families reached during polio vaccination activities, following the classification of the project into the broader "re-emergence of vaccine preventable diseases" Emergency Appeal, which included the response phase to measles and polio, enhanced vaccination coverage, and outbreak, epidemic and pandemic preparedness under a holistic integrated approach.

The overachievement regarding the number of people (1,948,890) reached through direct social mobilization campaign and social media coverage is due to the combined following of Philippine Red Cross accounts on social media platforms such as Facebook and Twitter. Social media posts on the measles vaccination campaign and response to the measles outbreak were widely received. Considering that wide geographical coverage of the intervention, more chapters, staff and volunteers shared different social media content of PRC, hence the wide coverage.

For each Measles Care Units, there was an established welfare desk assisting relatives and caretakers of the patients/children and providing psychosocial support. For each welfare desk, there were between 4 to 8 volunteers with rotating shifts throughout the duration of the operations for 3 to 4 months. This brought us to a total of 48 volunteers that provided psychosocial support.

More details are available in the [Operational Update 12 Month](#).

Challenges

Concurrent emergency operations resulted in a de-prioritization of measles activities and a diversion of resources to competing operations including ([Dengue](#), [Polio](#) and [COVID-19](#)) and natural disasters ([Batanes Earthquake](#), [Mindanao Earthquake](#), [Typhoon Kammuri](#), [Typhoon Phanfone](#), [Taal Volcano](#)).

The DOH identified vaccine hesitancy as one of the reasons for the measles outbreak in some regions⁷. To overcome this, different approaches and facts were provided based on the nature of the parents' refusal. Information materials provided to communities, especially the mother or guardian, are in local languages to ease understanding. The mobilization of local volunteers, who have knowledge and familiarity in their local community had also supported peer to peer trust between the mothers or guardian and the vaccination team.

Lessons Learned

Coordination links to local opinion leaders and experts were beneficial to awareness campaigns about the vaccination. In gated communities, for example, leaders were approached to communicate the objectives and benefits of the campaign, and later granted the entry of PRC vaccination teams.



Water, sanitation and hygiene

People reached: 18,675

Male: 9,337

Female: 9,338

Indicator:	Target	Actual
# of people directly provided with safe water services that meet agreed standards according to specific operational and programmatic context	18,000	18,675
# of assessments/monitoring visits undertaken	3	6
# of people provided with safe water (according to WHO standards)	18,000	18,675 ⁸
# of people with access to adequate sanitation facility	30,000 ⁹	18,675 ¹⁰
# of volunteers involved in hygiene promotion activities	100	12
# of people provided with a set of essential hygiene items	3,600	1,160

Narrative description of achievements

All activities related to WASH outputs, as an integral component of MCUs mobilization, have been completed. No additional WASH activities were planned for this response.

Achievement towards the WASH targets for outcome and outputs are 62 per cent accomplished against its target. Targets were calculated based on optimum expected needs. However, actual needs were less than expected as some WASH activities planned by the PRC in hospitals were in fact carried out by the hospitals with other counterpart.

Challenges

Concurrent disasters that PRC was responding to impacted WASH programming.

Lessons Learned

No lessons learned reported.

⁷ www.devex.com/news/another-casualty-of-vaccine-hesitancy-philippines-declares-polio-outbreak-95648

⁸ 3,735 patients catered in the MCUs plus their attendants and other users.

⁹ Targeted people to be provided with access to adequate sanitation facility is the people provided with WASH activities.

¹⁰ 3,735 patients catered in the MCU plus patients' attendants.



Protection, Gender and Inclusion

People reached: 103,455

Male: 51,727

Female: 51,728

Indicator:	Target	Actual
All people received PGI services provided by PRC as part of measles operation by September 2019	Yes	Yes
PRC ensures improved equitable access to basic services, considering different needs based on gender and other diversity factors	Yes	Yes
# of staff and volunteers mobilized to support PGI activities	90	not reported
# of staff and volunteers trained for PGI activities	90	not reported
Narrative description of achievements		
<p>For each activity, the mobilized staff and the volunteers ensured that interventions were aligned with PRC's commitments as well as with the minimum standard commitments of the IFRC in terms of protection, gender and inclusion (PGI) during emergency situations. Indirectly, all people reached with health services (number of children vaccinated, plus number of patients in MCUs, including household members) were supported while considering the minimum standards of PGI.</p> <p>PRC through its welfare desks in the MCUs and within the framework of the vaccination campaign, supported viewing the operation through the PGI lens. This included ensuring that the MCU facilities met the basic needs of patients' children and their parents. More details are contained in the Operations Update No. 1.</p> <p>To strengthen the integration of PGI at the chapter level, PRC conducted PGI orientations with Chapters from which volunteers were mobilized during Phase 2.</p>		
Challenges		
PGI related activities, including training of volunteers were deprioritised due to COVID-19 pandemic in country.		
Lessons Learned		
No lessons learned reported.		

Strengthen National Society		
Indicator:	Target	Actual
# of PRC chapters that are well functioning	25	25
# of insured volunteers	1,500	1500
# of trained volunteers	690	690
# of PRC chapters equipped and supported to actively and efficiently participate in the measles prevention and management campaign 10	10	25
# of staffs from 10 chapters equipped and trained to understand direct measles prevention and management activities	600	54
Narrative description of achievements		
<p>Through this appeal, PRC worked in four chapters with the MCUs and 21 chapters for vaccination in the context of emergency phase 1. The PRC continued working with ten other chapters for phase 2. This amounted to 25 chapters that were supported during phase 1 and 2.</p> <p>More than 2,000 trained volunteers were mobilized for the vaccination campaign. 112 volunteers based at chapter level who were reporting to the OpCen on the measles situation, 12 volunteers involved in hygiene promotion and 12 volunteers mobilized to carry out PSS activities. All the volunteers recruited and mobilized received an orientation on</p>		

the history and the seven fundamental principles of the RCRC. All volunteers mobilized (except for volunteer doctor and nurses) for this operation were insured under the Membership and Accident Assistance Benefit (MAAB) of PRC.

It was originally planned that 600 staff and volunteers were to be trained on the use of the epidemic control for volunteers (ECV) toolkit between August and September 2019. However, PRC was overwhelmed by polio activities following the national declaration of the polio outbreak on 19 September 2019. Subsequently, only 54 staff were trained in ECV (ToT) and the immunization compliance module. The content of the training covered modules on the following topics: epidemics, principles of epidemic control, actions in epidemic control, and the ECV toolkit. The trainings also covered the eCBHFA Immunization Module with the following topics: 1) Disease, infection, and vaccination, 2) Vaccine preventable diseases, 3) National vaccine schedule, 4) Promoting complete vaccination, and 5) common barriers to vaccination. Trainings occurred from 24 to 26 September 2019. The training was attended by 32 Chapter service representatives (CSR) for health, RCAT health as well as health project staff from 10 target chapters (Manila, Quezon City, Caloocan, Marikina, Zambales, Bulacan, Olongapo, Batangas, Rizal and Cebu).

Apart from lectures on the topics mentioned above, simulations of coordination meetings, community education sessions, epidemic preparedness meetings, were also conducted, where participants were given different roles to enact scenarios and common challenges that are commonly encountered in these actual activities.

Challenges

Originally, 600 staff and volunteers were intended to be trained on the use of the epidemic control for volunteers (ECV) toolkit between August and September 2019. The PRC, however, was overwhelmed by polio activities following the national declaration of the polio outbreak on 19 September 2019 and this significantly reduced the number of trainings that could be provided.

Lessons Learned

No lessons learned reported.

International Disaster Response

Indicators:	Target	Actual
Effective and coordinated international disaster response ensured.	Yes	Yes
# of RDRT member deployed in the country	2	2
% of target population satisfied with level of consultation, information and involvement in the operation	80%	Not reported
% of target population satisfied with support received	80%	Not reported
% of affected population with awareness of RCRC action in their community	80%	Not reported
% of targeted population satisfied that they have access to information, feedback mechanisms and can influence the programme/response	80%	Not reported
# of staff/volunteers trained to provide clear information to communities during assessments	300	Not reported
% of the overall beneficiaries joined the client satisfaction survey	5%	Not reported
Logistics department provides constant support to the National Society's logistics unit for replenishment and other procurements	Yes	Yes
A coordinated and strategic response plan according to humanitarian minimum standards is adopted by actors in support of Government	Yes	Yes

Narrative description of achievements

Through this appeal PRC has worked in 4 chapters for the MCU's and 21 for the vaccination as part of the emergency Phase 1. PRC will work in a further ten chapters for Phase 2. Accounting for overlap in activities this amounts to 25 chapters being supported.

Two surge communications delegates were deployed to strengthen communications plan and activity.

A Regional Community Engagement and Accountability (CEA) delegate was also deployed for ten days to support the development of the CEA plan. A brief CEA strategy focusing on current activities and gaps was developed in

coordination with the technical teams of PRC and IFRC CO. Informal discussions with OCHA and WHO were carried out to ensure that CEA mechanism are integrated within Measles operation.

For IFRC country office, technical support was provided to the National Society to ensure accountability and compliance with regards to the Appeal. IFRC did an orientation among PRC technical staff on the minimum reporting requirements with regards to IFRC Appeals. IFRC finance team conducted regular meetings with PRC Finance to ensure 100 per cent compliance regarding finance standard operating procedures.

A CEA approach was an important aspect of this response and was integrated into programming to ensure that at-risk communities and affected people have direct access to information on the nature and scope of services provided by PRC and to ensure that they participated and could provide feedback to PRC.

Both measles and polio operation had the same CEA approach. To engage with the communities and provide vital information, the PRC established various initiatives and used different platforms. In undertaking communication with communities, PRC and IFRC conducted informal assessment on media landscape and preferred communication channels and found that most at-risk communities in urban and rural areas have a wide access to mainstream platform like radio and television and social media. PRC utilized multiple communication channels including social media, weekly radio shows, printed IEC materials, welfare desks, mobile loudspeakers, volunteer visits to disseminate lifesaving messages and conduct meaningful dialogues with communities. With a large coverage of social media across the country, PRC regularly used Facebook and Twitter to raise awareness about vaccination and engage with most at-risk communities. These activities aimed to support the government efforts to increase vaccination rate nationwide in addition to their on-going national measles campaign.

Logistics activities were effectively implemented to manage the supply chain, including procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Logistics support for this operation was provided through the strong capacity of the PRC logistics built over the last years, supported by an experienced IFRC country office logistics team.

APRO Operational Logistics, Procurement and Supply Chain Management (OLPSCM) supported the procurement of 10 multipurpose tents. Three laptops were also procured internationally through the OLPSCM.

IFRC logistics team supported the printing activity of 34,000 copies of IEC materials which were used for distribution during the vaccination activity in all target barangays within National Capital. It also supported with the procurement of one-unit vaccine refrigerator to be used as measles' vaccine storage; 13 units of laptop, 54 units of tablet, 12 units of printer and 2 units of camera. Additionally, IFRC CO Logistics team supported the NS with extending fleet support and procurement support to organize trainings, workshops, etc. The IFRC CO logistics team supported the procurement of 200 cot beds.

All PRCs work has been coordinated with DOH and other partners. PRC closely coordinated the with DOH and the LGU at the Chapter level. The MCU were administered by the local hospital administration for quality and compliance. Whereas the vaccination sites and the gap profile were jointly decided by the PRC and DOH as part of a joint coordination meeting that was attended by the DOH, Epidemiological Bureau, and PRC representatives. For vaccines and cold chain management, PRC worked in close collaboration with the Research Institute on Tropical Medicine (RITM) Philippines and the local government led health stations and hospitals. PRC and the DOH doctors jointly supervised every vaccination drive, led by PRC to ensure compliance and to reduce risk of adverse effect led refusal. Each immunization was preceded by explaining the possible adverse effects and its chances by the health promoters, followed by physical monitoring of the child by the doctor/ senior nurse and filling up and signing of a consent form by the parent guardian of the child.

As of 27 May 2019, 5,369,746 individuals have been vaccinated against measles and rubella: 3,487,673 aged 6-59 months (92 per cent of the target population of 3,784,099). Extreme differences in coverage are mostly explained by inaccurate population data resulting in unrealistic coverage targets. Approximately 7.5 million pupils up to 12 years of age remain unvaccinated.

Following the effective implementation of the measles Outbreak Response Immunization (ORI) nation-wide, the DOH will intensify its application of its new strategy *Pinaigting na Pagbabakuna*: to close the 'Last Mile' of containing measles outbreaks, and to reach at least 95% coverage of Fully Immunized Children (FIC) in all barangays, including Geographically Isolated and Disadvantaged Areas (GIDAs).

Challenges

The PRC was over committed with responding to concurrent emergencies and this impacted the delivery of several activities including staff and volunteer training.

Lessons Learned

PRC NHQ must establish a strong partnership with key stakeholders to ensure that PRC's implementation is in line with the technical requirements of the main implementer--DOH--with support from WHO and UNICEF.

Partnership and coordination were strengthened at both levels through the conduct of partnership and stakeholder meetings, and the establishment of regular communication, updating, and reporting. Maintenance of these partnerships allowed the meaningful exchange of experiences and lessons learned during the operation.

Influence others as leading strategic partner

Indicators:	Target	Actual
IFRC and NS are visible, trusted and effective advocates on humanitarian issues.	Yes	Yes
# and type of communications materials produced (social media, media articles, interviews, etc.) to share information about the operation.	12	275
# of end-term evaluation of the response is undertaken and the findings are shared to a wider audience	1	Yes

Narrative description of achievements

With the exception of the end-term evaluation of the response, all *"Influence others as leading strategic partner"* activities were accomplished. However, since January 2021, no further activity has been carried out due to the recent multiple operations to which PRC is responding. See [Operations Update No. 2](#) for details.

The PRC communications team did ensure that Red Cross response efforts were effectively communicated amongst its key public audiences in a timely manner. PRC staff and volunteers across the country actively contributed to institutional communications through their own social media networks. There were 275 communications products produced for this operation. See [Operations Update No.1](#) for details.

As part of Phase 2 increased communications support was provided through the IFRC CO communication coordinator. PRC and IFRC communications produced materials featuring efforts to respond to the measles outbreak for social media and e-newsletter to bring the topic back.

Reporting on the operation has been carried out in accordance with the IFRC Emergency Appeal reporting standards. One operations update has been issued during the operation's timeframe with a final report issued within three months after the end of the operation. The operation team had technical PMER capacity and additional technical support was provided through IFRC APRO PMER team.

A final evaluation of the appeal was carried out in April 2021 to identify challenges, lessons learned and recommendations.

Challenges

Challenges were experienced with reporting. There were instances where daily reporting messages through SMS were missed due to the bulk of messages that come in and out of the implementing office's official numbers. But these were very minimal and were easily addressed as chapters also received regular updates and could easily communicate to us if any reports were missed. Chapters were also advised to communicate to multiple channels as much as they could so that multiple project staff/officers at the NHQ could record simultaneously and could simply disregard any duplicate submissions. Overall, the benefits of having multiple channels for the daily reporting outweighed the risk.

Lessons Learned

The availability of multiple channels for reporting made the daily submission of data more accessible to chapters, especially to those with limited technology and connectivity for reporting.

Effective, credible and accountable IFRC

Indicators:

% of compliance with technical and managerial support as demanded by PRC

Target

100

Actual

100

Narrative description of achievements

All activities under Effective, credible and accountable IFRC followed the IFRC standards. An output was added during the revision of the EPoA, namely Output 4.1.2 *IFRC staff shows good level of engagement and performance*

The IFRC security framework was applicable for this operation. With regards to PRC staff and volunteers, the National Society's security framework applied. Regular coordination was maintained with the ICRC and other Movement partners, as per existing security framework and Movement coordination agreement. Regular information-sharing was also maintained as were specific security protocols for each security level.

In country, PRC staff and volunteers were oriented about measles and were given prevention measures that they should apply at home and on their respective communities. All staff and volunteers are required to complete the IFRC Stay Safe e-learning courses: Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security.

All staff and volunteers mobilized under this health emergency response were provided with PPE, to protect them against communicable diseases, particularly on measles.

IFRC supported the recruitment of technical project staff in 10 chapters to support the operation.

Challenges

No challenges reported.

Lessons Learned

No lessons learned reported.

D. Financial Report

The appeal funding requirement was CHF 2,700,000 out of which the coverage was only 31.13% (CHF 840,524). The total income (including DREF Loan) was CHF 1,176,826. The total expenditure was CHF 1,150,320 (98% utilization).

The remaining balance of CHF 26,506 will reimburse the DREF Loan. Detailed expenditure is outlined in the final financial report at the end of this report. The IFRC, on behalf of the Philippine Red Cross would like to extend our gratitude to all contributing partners/donors for their generous contributions.



Click for:

- [DREF](#)
- [Emergency Appeal](#)
- [Operations Update 1](#)
- [Operations Update 2](#)
- [Operations Update 4](#)
- [Revised Emergency Plan of Action 2](#)
- [Previous appeal updates](#)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2021/2	Operation	MDRPH032
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 30 Mar 2021

All figures are in Swiss Francs (CHF)

MDRPH032 - Philippines - Re-emergence of vaccine preventable

Operating Timeframe: 12 Feb 2019 to 31 Dec 2020; appeal launch date: 06 Mar 2019

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	1,700,000
AOF5 - Water, sanitation and hygiene	500,000
AOF6 - Protection, Gender & Inclusion	25,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	60,000
SFI2 - Effective international disaster management	385,833
SFI3 - Influence others as leading strategic partners	29,167
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	2,700,000
Donor Response* as per 30 Mar 2021	840,524
Appeal Coverage	31.13%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	30,602	25,838	4,763
AOF2 - Shelter	4,122	14	4,108
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	989,328	1,066,407	-77,080
AOF5 - Water, sanitation and hygiene	104,062	33,118	70,944
AOF6 - Protection, Gender & Inclusion	4,096	4,781	-685
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	8,473	8,473	0
SFI2 - Effective international disaster management	9,283	11,689	-2,406
SFI3 - Influence others as leading strategic partners	5,325	0	5,325
SFI4 - Ensure a strong IFRC	0	0	0
Grand Total	1,155,290	1,150,320	4,970

III. Operating Movement & Closing Balance per 2021/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,176,826
Expenditure	-1,150,320
Closing Balance	26,506
Deferred Income	0
Funds Available	26,506

IV. DREF Loan

* not included in Donor Response	Loan :	517,719	Reimbursed :	181,417	Outstanding :	336,302
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Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2021/2	Operation	MDRPH032
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 30 Mar 2021

All figures are in Swiss Francs (CHF)

MDRPH032 - Philippines - Re-emergence of vaccine preventable

Operating Timeframe: 12 Feb 2019 to 31 Dec 2020; appeal launch date: 06 Mar 2019

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
Australian Red Cross (from Australia - Private Donors*)	21,127				21,127		
British Red Cross	251,208				251,208		
China Red Cross, Hong Kong branch	25,312				25,312		
DREF Allocations				336,302	336,302		
Finnish Red Cross	54,707				54,707		
Japanese Red Cross Society	90,380				90,380		
Red Cross of Monaco	16,834				16,834		
The Canadian Red Cross Society (from Canadian Gov	132,765				132,765		
The Netherlands Red Cross (from Netherlands Govern	218,191				218,191		
Turkish Red Crescent Society	30,000				30,000		
Total Contributions and Other Income	840,524	0	0	336,302	1,176,826	0	
Total Income and Deferred Income					1,176,826	0	